

10/10/2007

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

AUG 25 2008 AUG 25 2008 MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

## IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Charles B.	H111	Jr,	
Plaintiff			

Thomas Dart, Salvadore Godinez, M. Figliulo, C. Plaxico #114, John Mueller, Cermakmental Health Services Defendant(s)

## 08CV4834 **JUDGE CONLON MAG.JUDGE VALDEZ**

more inj provide I,Ch (other without declare the con	formation the addit arles t full pre that I ar	cluded, please place an X in than the space that is provide ional information. Please P. B. Hill jr. ) in the above-expayment of fees, or in some unable to pay the costs of etition/motion/appeal. In ions under penalty of periods.	ded, attach one or more parallel.  All declare that the intitled case. This affid upport of my motion for these proceedings, a support of this petiti	ages that rep I am the avit constituted avit constituted and that I is	fer to each such quest plaintiff □petition tutes my application ment of counsel, or am entitled to the re	on number and oner □movant n □ to proceed both. I also elief sought in
1.	I.D. #	a currently incarcerated?	Name of prison or ja	il:	(If "No," go to Que	
2.	Monthl	a currently employed?  y salary or wages:  nd address of employer:		χίνο		
	a.	If the answer is "No": Date of last employment: Monthly salary or wages Name and address of last	. AT 11/1971/1. A.X			
	b.	Are you married? Spouse's monthly salary Name and address of emp		Ø₩o		
3.	or anyo	rom your income stated abone else living at the sam? Mark an X in either "Ye	e residence received i	more than	\$200 from any of	the following
	a. Amoun	Salary or wages	Received by		□Yes	No

Business, □ profession or □ other self-employment  Received by		□Yes	DELVO	
	nts. □ interest or □ divi	idends	□Yes	DE N
d. □ Pensions, □ compensation,	l social security, □ and □ unemployment, □ w	nuities, □ life insura elfare, □ alimony or r	maintenance or L	y, 🗆 work child sup
Amount	Received	1 by		
e.	nheritances		□Yes	YON
f DAny other so			) □Yes	
Do you or anyone els	e living at the same res □Yes		tal amount:	
In whose name held:		Relationship to yo	ou:	
In whose name held:  Do you or anyone el	se living at the same r	Relationship to yo esidence own any sto	ocks, bonds, secu □Yes	urities or
In whose name held:  Do you or anyone el financial instruments'  Property:	se living at the same r	Relationship to you esidence own any sto Current Value:	ocks, bonds, sect □Yes	urities or
In whose name held:  Do you or anyone el financial instruments'  Property:	se living at the same r	Relationship to you esidence own any sto Current Value:	ocks, bonds, sect □Yes	urities or
Do you or anyone el financial instruments' Property: In whose name held:	se living at the same r	Relationship to you esidence own any sto Current Value: Relationship to you residence own any sto	ocks, bonds, secu □Yes ou:	urities or
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I declare under penalty of perjury that the above inform to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss the allegation of poverty is untrue.	ation is true and correct. I understand that pursuant his case at any time if the court determines that my
Date: 6 Aug. p8	Charles Hel
	Signature of Applicant
	Charles How
	(Print Name)
NOTICE TO PRISONERS: A prisoner must als institutional officer or officers showing all receipts, exin the prisoner's prison or jail trust fund accounts. Beca covering a full six months before you have filed your lain your own accountprepared by each institution who periodand you must also have the Certificate below contains the prisoner must also have the certificate below contains the prisoner must also have the certificate below contains the prisoner must also have the prisoner must also have the certificate below the prisoner must also have the prisoner must	spenditures and balances during the last six months ause the law requires information as to such accounts await, you must attach a sheet covering transactions ere you have been in custody during that six-month
CERTIF (Incarcerated ap (To be completed by the ins	oplicants only) stitution of incarceration)
I certify that the applicant named herein, Charles  \$ 20.08 on account to his/her credit at (named light of the certify that the applicant has the following see	he of institution) CODOC.  curities to his/her credit: N/A. I further
certify that during the past six months the applicant's	
(Add all deposits from all sources and then divide by  OR 107/08  DATE  S	number of months).  JAMATURE OF AUTHORIZED OFFICER

rev. 10/10/2007

Resident Funds Inquiry
Current User Name: PROGSERV Logout

Resid: 20050084808

Submit

Resident Id: 20050084808

Resident Name: HILL, CHARLES

Date of Birth: 1970-10-29 Location: 1002 -D -04 **Account Activity:** 

**Prior History** 

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
8/04/2008	DEPWU	<b>WU-9009549091</b> 8/01	20.00	20.08	0.00	20.08
7/22/2008	EPR	OID:100014461- ComisaryPurch-Reg	-0.26	0.08	0.00	0.08
7/15/2008	EPR	OID:100007502- ComisaryPurch-Reg	-48.75	0.34	0.00	0.34
7/01/2008	DEPWU	1629031276	20.00	49.09	0.00	49.09
6/30/2008	DEBT FWD	ALL DEBT AT CONVERSION	0.00	29.09	0.00	29.09
6/30/2008	BALANCE FWD	BALANCE AT CONVERSION	29.09	29.09	0.00	29.09